



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

IN REPLY REFER TO

MEMORANDUM FOR MAJOR CLAIMANT STAFF CHAPLAINS

Subj: FOCUS 01/00 (DEATH NOTICE NOTIFICATION)

Encl: (1) Report of Death/Illness form

1. Pastoral care to members of the Chaplain Corps family is one of my highest priorities. In no instance is this care more important than when one of us passes away or loses a close family member.

2. The process for death notifications is as follows. The Service member calls the Major Claimant/Service chaplain's office. The Claimant/Service chaplain completely fills out the "Report of Death/Illness" form. The Claimant /Service chaplain forwards the form to the other Claimant/Service chaplains and the Chief of Chaplains office as well as passing the information within their Claimancy/Service.

3. We need to ensure that we care for one another and strive to keep the entire Chaplain Corps family informed. Please ensure that all chaplains and RPS within your Claimancy/Service are aware of the proper procedures, have the correct form, and that your staff is aware of their responsibilities in this matter.

4. Please give this matter your personal attention.

A handwritten signature in cursive script, reading "Byron Holderby".

A. BYRON HOLDERBY, JR.
Chief of Chaplains

Copy to:

CNO (N097B, N097C, N097A, N0971, N0972, N0973, N977)

REPORT OF DEATH OR ILLNESS

Date:	
Time:	
Person reporting:	Phone: DSN
Person receiving:	Phone:
Decedent:	
Relationship:	
Date of Death:	Cause:
Chaplain/RP Duty Station:	
Address:	City:
State:	Zip:
Phone:	
Funeral Service Date:	Time:
Church/Chapel:	
Address:	City:
State:	Zip:
Phone:	
Funeral Home:	
Address:	City:
State:	Zip:
Phone:	
Flowers/Donation:	
Address:	City:
State:	Zip:
Phone:	
Fax Date:	Time: